

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/505326  
AFFILIANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11	1		1				61						
12		1		1			62						
13	1						63						
14	1		1				64						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	10	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			16				TOTAL CLAIMS						